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**CDC Health Advisory**

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**Imported Case of Measles Identified on  
Airline Flight into New York**

On July 31, 2004, the New York City Department of Health and Mental Hygiene and CDC were notified of a case of measles in a 2-year-old child. The case was laboratory confirmed at the NYC public health laboratory on 7/31/04. The child was returning to the US from travel to Hong Kong, Thailand and China. The child did not have a rash but was in the infectious stage of measles illness during the flight. The child had not been vaccinated against measles according to the international certificate of vaccination that the mother had; two siblings did have documentation of previously receiving MMR. The index case flew non-stop from Hong Kong to New York, arriving on July 30, 2004, at approximately 1:40 PM on Cathay Pacific flight 830 at John F. Kennedy International Airport. Passengers from this flight reside in New York City, New York State, California, Connecticut, Texas, Washington, Virginia, Indiana, Maine, Massachusetts Maryland, Minnesota, Missouri, New Jersey, Washington DC and Florida.

CDC estimates that exposures to measles occur, on average, 10-12 times per year, on commercial aircraft arriving in the United States. The risk of infection following this type of exposure in airline contacts is considered low; CDC has only rarely identified measles cases that apparently resulted from such exposures.

State Public Health Departments and health care providers should be alert to possible cases of measles in persons who traveled on the July 30<sup>th</sup> Cathay Pacific flight number 830 or their contacts. Health care providers should increase their index of suspicion for measles in clinically compatible cases and notify their local health department of a suspect measles case immediately. It is important to obtain travel histories from the patient and their family, as well as their close contacts. State health departments should report suspect measles cases immediately to CDC. Persons generally can be presumed immune to measles if they have documentation of 2 doses of measles vaccine, laboratory evidence of immunity to measles, documentation of physician-diagnosed measles, or were born before 1957. Persons who are not immune should be given MMR vaccine or immune globulin according to [ACIP recommendations](#).

Measles is an acute disease characterized by fever, cough, coryza, an erythematous maculopapular rash and a pathognomonic enanthem (Koplik spots). Measles has an incubation period of 7-21 days and infected people are considered contagious from 4 days before to 4 days after the appearance of rash. Serologic (Measles IgM) testing is required to confirm the diagnosis. In addition to serologic specimens, health departments should collect throat swabs and urine for viral isolation.

Further information on measles can be found at  
[http://www.cdc.gov/ncidod/diseases/submenus/sub\\_measles.htm](http://www.cdc.gov/ncidod/diseases/submenus/sub_measles.htm)

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##This Message was distributed to State and Local Health Officers, Laboratory Directors, WMD Coordinators, Public Information Officers, Epidemiologists and HAN Coordinators as well as Clinician organizations##

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